



## PART B - FEE(S) TRANSMITTAL

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7590 04/21/2004  
FROST BROWN TODD LLC Philip S. Johnson  
2200 PNC Center Johnson + Johnson  
601 E. Fifth Street One Johnson + Johnson Plaza  
Cincinnati, OH 45202-4182 New Brunswick, NJ 08923

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Busha Sales (Depositor's name)  
Rita L. (Signature)  
July 19, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/615,962	07/09/2003	Douglas B. Hoffman	END904-0511040	1257

TITLE OF INVENTION: SURGICAL STAPLING INSTRUMENT INCORPORATING AN ARTICULATION JOINT FOR A FIRING BAR TRACK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
unprovisional	NO	\$1330	\$300	\$1630	07/21/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
DURAND, PAUL R.	3721	227-178100			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Ethicon Endo-Surgery, Inc.

Cincinnati, OH

Recorded: October 15, 2003

Reel/Frame: 01458s/0072

Please check the appropriate assignee category or categories (will not be printed on the patent):

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☐ Advance Order - # of Copies

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 10-0750 (enclose an extra copy of this form).

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Issue Fee - 65958  
Pub Fee - 65959

07/20/2004 TBESHAH2 60000058 100750 10615962

01 FC:1501 1330.00 DA  
02 FC:1504 300.00 DA

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PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

OMB 0651-0033

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